Form <b>990</b>

Department of the Treasury

Internal Revenue Service

# EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



B Great       C Name of organization       ATTISTS FOR HUMANITY, INC.       04-3138434         Arthors       Doing Dubiness as       04-3138434         Winder       Number and stere (of PL. Dow if mail is not delivered to street address)       Room/suite       E Telephone number         Budget       For and address of privince, country, and 2IP or foreign postal code       G creat-models a       4,702,883.         Winder       BOSTON, MA 02127       Yes       No       Hails this agroup return         Bost       SME AS C ABOVE       SME AS C ABOVE       Yes       No         I are exemptistaus       I Sift(o)(3)       Soft(c) (1 < (insert no.)       4947(a)(1) or       Hails this agroup return       Yes       No         I are exemptistaus       I Sift(o) corporation       Trust       Association       Ofter       Yes       No         Hold y describe the organization metsion or most significant activities:       TO PROVIDE       UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE       3       14         A Number of voing members of the governing body (Part Vi, line 1a)       3       14       14         4 Number of voing members of the governing body (Part Vi, line 1a)       3       14         5 Total number of voing members of the governing body (Part Vi, line 1a)       3<	AF	or the	2018 calendar year, or tax year beginning and	ending		
ARTISTS FOR HUMANITY, INC.       04-3138434         Deng business as       04-3138434         Number and street (in P.0. box if mails not delivered to street address)       Room/suite         Final       100 WEST SECOND STREET - 2ND FLOOR         City or town, state or province, country, and ZIP or foreign postal code       G coserrecepts 4, 702, 883.         BOSTON, MA 02127       H(a) Is this a group return for subordinates?       Yes No         Memory       F Arme and address of principal officer. SUSAN RODGERSON       H(a) Is this a group return for subordinates included?       Yes No         J Website:       AFHBOSTON.ORG       H(b) Areal subordinates included?       Yes No         Yeelett       Summary       Is Briefy describe the organization's mission or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE       3       14         2 Check this box	<b>В</b> с а	heck if	c Name of organization		D Employer identifie	cation number
Image: Provide Figure 1       Doing business as 04-3138434         Number and street (of P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 617-268-7620         City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02127       E Telephone number 617-268-7620         Permet       Formation 2       Yes       No.         Same Association 2       Formation 2       G cross receipts 3       4,702,883.         Hai Is this a group return for town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02127       Hai Is this a group return for subcordnates includes?       Yes X No.         J tracexempt status: X 501(c)(3)       501(c)(        (insert no.)       4947(a)(1) or       527         J Website: A FHBOSTON ORG       Hc (orop exemption number AFM)       Hc (orop exemption number AFM)       Yes X No.         Part I       Summary       I tracexempt status: X 501(c)( <       (insert no.)       100 Her AFM)       L year of tormation: 1992 M State of legal domicile: MA         Part I       Summary       I trace and trace and the organization is mission or most significant activities: TO PROVIDE       UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT , SKILLS ADVANCEMENT , AND MENTORSHIP IN THE       1       1         I trace and independent voting members of the governing body (Part V, line 1a)       3       14		Addres	ARTISTS FOR HUMANITY, INC.			
Image: Product Street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 617-268-7620         Intervent Street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 617-268-7620         Intervent Street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 617-268-7620         Intervent Street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number 617-268-7620         Intervent Street (or P.0. box if mail is not delivered to street address)       Room of comparity if the street of the street address of principal officer: SUSAN RODGERSON       H(a) Is this a group return for subordinates includent? [Ves ] No         I Tax-exempt status: [X] 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(a) Is this a group return for subordinate includent? [Ves ] No         I Tax-exempt status: [X] 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(b) Are at aucordinate includent? [Ves ] No         I Tax-exempt status: [X] 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(b) Are at aucordinate includent? [Ves ] No         I Tax-exempt status: [X] 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(c) Group semption number ]         I Tax-exempt status: [X] 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527       H(c) Group semption number ]         I Briefly describe the organization isocion roust significant activities: TO PROVIDE UNDER-RESOURCED YOUTH         Wither of indep		Name			04-3	138434
Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 1a)       3       14         Image: Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2.877         Image: Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2.877         Image: Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2.877         Image: Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2.877         Image: Number of individuals employed (Part V, line 2a)       5       2.877       6       1.5         Image: Number of individuals employed (Part V, line 2a)       5 </th <th></th> <td>Initial</td> <td></td> <td>Room/suite</td> <td>E Telephone number</td> <td></td>		Initial		Room/suite	E Telephone number	
Image: Answer of the second secon		_return/	100 WEST SECOND STREET - 2ND FLOOR		. 617-	268-7620
Image: Construct of the construction of the constructi					<b>G</b> Gross receipts \$	4,702,883.
Image of the and address of philopia of model. DEDIAT TOPE LAPORT       Index determines and address of philopia of model. DEDIAT TOPE LAPORT         I max-exempt status: X is 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527       If "No," attach a list. (see instructions)         J website: ▶ AFHBOSTON ORG       K         K Form of organization: X ison or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE         2 Check this box ▶ if the organization is mission or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE         2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)         4 Number of independent voting members of the governing body (Part VI, line 2a)         5 Total number of volunteers (estimate if necessary)         6 Total number of volunteers (estimate if necessary)         7 Total unrelated business revenue from Part VIII, column (C), line 12         9 Program service revenue (Part VIII, line 1h)         9 Program service revenue (Part VIII, line 3, 4, and 7d)         11 Other revenue (Part VIII, line 3, 4, and 7d)         12 Total revenue add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)         13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		return	BOSION, MA 02127		H(a) Is this a group re	eturn
SAULE       AS       C       ABUVE       HID         1       Tax-exempt status:       Sill(c)(1)       4(insert no.)       4947(a)(1) or       527         J       Website:       > AFHBOSTON • ORG       If "No," attach a list. (see instructions)         Part I       Summary       It (c) Group exemption number >         Part I       Summary       It website:       > AFHBOSTON • ORG         1       Briefly describe the organization's mission or most significant activities:       TO PROVIDE       UNDER-RESOURCED YOUTH         WITH       PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE       2       Check this box >       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       15         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of part VIII, ine 1n)       3, 275, 007.       3, 535, 323.         9       Program service revenue (Part VIII, ine 2g)       929, 153.       1, 055, 125.		luon	Thane and address of principal officer. Bobbind Trobolitoon		for subordinates	? Yes 🔀 No
J Website:       AFHBOSTON.ORG       H(c) Group exemption number         K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1992 M State of legal domicile: MA         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE       I the organization discontinued its operations or disposed of more than 25% of its net assets.       3         Number of independent voting members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       14         5       Total number of independent voting members of the governing body (Part VI, line 1a)       3       14         5       Total number of independent voting members of the governing body (Part VI, line 1a)       3       14         6       Total number of independent voting members of the governing body (Part VI, line 1a)       3       14         6       Total number of independent voting members of the governing body (Part VI, line 1a)       3       14         7       a total unrelated business revenue from Part VIII, column (C), line 12       7a       7b       0.         7       B Contributions and grants (Part VIII, li			SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1992       M State of legal domicile:       MA         Part I       Summary       1       Briefly describe the organization's mission or most significant activities:       TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE       2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       14         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       6       15         7 a Total number of volunteers (estimate if necessary)       6       10.       10.         9       Program service revenue (Part VIII, column (A), line 3, 4, and 7d)       15,130.       53,235,125.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       13,219.       26,123.       1,055,125.         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       13,219.       26,123.       0.       0.       0.         12       Total revenue eadd lines 8 through 11 (must equal Part VIII, column (				or 527	If "No," attach a	list. (see instructions)
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE         2       Check this box ▶if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       14         4       Number of voting members of the governing body (Part VI, line 1a)       4       14         5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       2877         6       Total number of volunteers (estimate if necessary)       6       15         7 a Total unrelated business revenue from Form 990-T, line 38       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 1h)       3, 275, 007.       3, 535, 323.         9       Program service revenue (Part VIII, line 2g)       929, 153.       1, 0, 057, 125.         10       Investment income (Part VIII, line 3, 4, and 7d)       13, 219.       26, 123.         12       Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)       4, 232, 509.       4, 670, 496.         13       Grants and similar amounts paid (Part IX, column (A), line 13)       0.       0.       0.						
9       Provide the organization's mission or most significant activities: TO PROVIDE UNDER-RESOURCED YOUTH         WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE         2       Check this box ▶ init the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3         4       Number of individuals employed in calendar year 2018 (Part V, line 2a)       6         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6         6       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6         7       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       6         6       Total number of volunteers (estimate if necessary)       7a         7       Total unrelated business revenue from Form 990-T, line 38       7b         9       Program service revenue (Part VIII, line 1h)       3, 275, 007.       3, 535, 323.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       15, 130.       53, 925.         10       Investment income (Part VIII, column (A), lines 1.3)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10)       3, 153, 9999.       2, 933			-	L Year	of formation: 1992	State of legal domicile: MA
WITH PAID EMPLOYMENT, SKILLS ADVANCEMENT, AND MENTORSHIP IN THE         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       14         4       Number of individuals employed in calendar year 2018 (Part V, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       15         7a       Total number of volunteers (estimate if necessary)       6       15         7a       Total number of volunteers (estimate if necessary)       6       15         7a       Total number of volunteers (estimate if necessary)       6       15         7a       Total number of volunteers (estimate if necessary)       7b       0.         7a       Total number of volunteers (estimate if necessary)       7b       0.         7a       Total number of volunteers (estimate if necessary)       7b       0.         7a       Total number of volunteers (estimate if necessary)       7b       0.         7a       Total number of volunteers (estimate if necessary)       3, 275, 007.       3, 535, 323.         9       Program service revenue (Part VIII, line 1a)       3, 275, 007.       3, 535, 323.         9       Progr	Ра					
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       15         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business revenue from Form 990-T, line 38       7b       0.         9       Prior Year       Current Year         3       2.75,007.3,535,323.9       9.29,153.1,055,125.125.10         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15,130.53,925.125.125.125.125.125.125.125.125.125.1	e					
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       15         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business revenue from Form 990-T, line 38       7b       0.         9       Prior Year       Current Year         3       2.75,007.3,535,323.9       9.29,153.1,055,125.125.10         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15,130.53,925.125.125.125.125.125.125.125.125.125.1	anc					
5       Total number of individuals employed in calendar year 2018 (Part V, line 2a)       5       287         6       Total number of volunteers (estimate if necessary)       6       15         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business revenue from Form 990-T, line 38       7b       0.         9       Prior Year       Current Year         3       2.75,007.3,535,323.9       9.29,153.1,055,125.125.10         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15,130.53,925.125.125.125.125.125.125.125.125.125.1	ern					
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b Net unrelated business taxable income from Form 990-T, line 38       7b       0.         8       Contributions and grants (Part VIII, line 1h)       9						= =
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B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         929,153.         1,055,125.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         15,130.         53,925.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         13,219.         26,123.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         0.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         0.         0.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1.3)         0.         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         3,153,999.         2,933,784.           16a         Professional fundraising fees (Part IX, column (A), line 25)         659,919.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         980,968.         1,320,112.         97,542.         416,600.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         97,542.         97,542.         416,600.           19         Revenue l	Act					
8       Contributions and grants (Part VIII, line 1h)       3, 275, 007.       3, 535, 323.         9       Program service revenue (Part VIII, line 2g)       929, 153.       1, 055, 125.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15, 130.       53, 925.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       13, 219.       26, 123.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4, 232, 509.       4, 670, 496.         13       Grants and similar amounts paid (Part IX, column (A), line 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       3, 153, 999.       2, 933, 784.         16a       Professional fundraising fees (Part IX, column (D), line 25)       659, 919.       0.       0.         17       Other expenses (Part IX, column (A), line 11e, 114, 11f-24e)       980, 968.       1, 320, 112.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       97, 542.       416, 600.         19       Revenue less expenses. Subtract line 18 from line 12       97, 542.       416, 600.		a	Net unrelated business taxable income from Form 990-1, line 38	<u></u>		
9       Program service revenue (Part VIII, line 2g)       929,153.       1,055,125.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       15,130.       53,925.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       13,219.       26,123.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4,232,509.       4,670,496.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       3,153,999.       2,933,784.         16a       Professional fundraising fees (Part IX, column (A), line 25)       659,919.       980,968.       1,320,112.         17       Other expenses (Part IX, column (A), line 25)       980,968.       1,320,112.       4,134,967.       4,253,896.         19       Revenue less expenses. Subtract line 18 from line 12       97,542.       416,600.         54       Beginning of Current Year       End of Year		0	Contributions and grants (Part ) (III line 1b)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) $4, 232, 509.$ $4, 670, 496.$ 13Grants and similar amounts paid (Part IX, column (A), lines 1-3) $0.$ $0.$ $0.$ 14Benefits paid to or for members (Part IX, column (A), line 4) $0.$ $0.$ $0.$ 15Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) $3, 153, 999.$ $2, 933, 784.$ 16aProfessional fundraising fees (Part IX, column (A), line 11e) $0.$ $0.$ $0.$ 17Other expenses (Part IX, column (D), line 25) $659, 919.$ $980, 968.$ $1, 320, 112.$ 18Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) $97, 542.$ $416, 600.$ 19Revenue less expenses. Subtract line 18 from line 12 $97, 542.$ $416, 600.$	an					
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12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       4,232,509.       4,670,496.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,153,999.       2,933,784.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       659,919.       980,968.       1,320,112.         17       Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       97,542.       416,600.         19       Revenue less expenses. Subtract line 18 from line 12       97,542.       416,600.	Ве				·	
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       0.       0.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,153,999.       2,933,784.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       659,919.       980,968.       1,320,112.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       980,968.       1,320,112.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       97,542.       416,600.         19       Revenue less expenses. Subtract line 18 from line 12       97,542.       416,600.						
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       3,153,999.       2,933,784.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       659,919.       980,968.       1,320,112.         17       Other expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       97,542.       4,134,967.       4,253,896.         19       Revenue less expenses. Subtract line 18 from line 12       97,542.       416,600.						
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       3,153,999.2,933,784.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         b       Total fundraising expenses (Part IX, column (D), line 25)       659,919.         17       Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e)       980,968.1,320,112.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,134,967.4,253,896.         19       Revenue less expenses. Subtract line 18 from line 12       97,542.416,600.         564       Beginning of Current Year       End of Year					0.	0.
<sup>8</sup> / <sub>2</sub> <sup>8</sup> / <sub>2</sub> <sup>16a</sup> Professional fundraising fees (Part IX, column (A), line 11e)           0.0.0.         0.0.         0.0.	۵				3,153,999.	2,933,784.
17       Other expenses (rart X, column (A), lines Harrid, Hir246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         58       97, 542.         416, 600.         58	Ise				0.	0.
17       Other expenses (rart X, column (A), lines Harrid, Hir246)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         58       97, 542.         416, 600.         58	<u>e</u>			19.		
19 Revenue less expenses. Subtract line 18 from line 12       97,542.       416,600.         5       Beginning of Current Year       End of Year	ш				980,968.	1,320,112.
ठथ Beginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,134,967.	4,253,896.
b 생 3         Beginning of Current Year         End of Year           월 4         20         Total assets (Part X, line 16)         37,716,264.		19	Revenue less expenses. Subtract line 18 from line 12		97,542.	416,600.
응물 20 Total assets (Part X, line 16)	or Ces			Be	ginning of Current Year	
	sets	20	Total assets (Part X. line 16)		18,171,703.	37,716,264.
Ž <sup>2</sup> 21 Total liabilities (Part X, line 26) 6,547,990 25,675,951 .	6.24	20				
空目 22 Net assets or fund balances. Subtract line 21 from line 20 11,623,713. 12,040,313.	ЪВ	21				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	SUSAN RODGERSON, PRESI	DENT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	ate Check PTIN
Paid	EDWARD MCNEIL	EDWARD MCNEIL 1	1/15/19 self-employed P00090108
Preparer	Firm's name 🕒 COHNREZNICK LLP		Firm's EIN <b>22-1478099</b>
Use Only	Firm's address 🕒 ONE BOSTON PLACE	, SUITE 500	
	BOSTON, MA 02108		Phone no. 617-648-1400
May the IF	RS discuss this return with the preparer shown abov	/e? (see instructions)	X Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1101		4-3138434	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO BRIDGE ECONOMIC, RACIAL, AND SOCIAL DIVISIONS BY PROVID	TNC	
	UNDERSERVED YOUTH WITH KEYS TO SELF-SUFFICIENCY THROUGH PA		
	EMPLOYMENT IN THE ARTS AND IN BUSINESS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	ne total expenses, a	nd
	revenue, if any, for each program service reported.		100
4a	(Code: ) (Expenses \$ 3,137,130. including grants of \$ ) (Revenue \$	4,670,	
	ARTISTS FOR HUMANITY'S CENTRAL PROGRAM, THE YOUTH ARTS ENT		A'I'
	HELPS DEVELOP 21ST CENTURY SKILLS FOR SCHOOL AND CAREERS,		
	YEAR-ROUND APPRENTICESHIP AND LEADERSHIP PROGRAM THAT PROV UNDER-RESOURCED BOSTON TEENS ANNUALLY WITH PAID EMPLOYMENT		
	CRITICAL OUT-OF-SCHOOL TIME. ARTISTS FOR HUMANITY PARTNERS		61K
	SMALL GROUPS WITH PROFESSIONAL ARTISTS FOR HUMANITI PARIMERS		
	SHOWCASE, MARKET AND SELL THEIR FINE ART AND DESIGN SERVICE		
	EXHIBIT THEIR WORKS IN THE ARTISTS FOR HUMANITY LEWIS GALL.		
	VARIETY OF OTHER PUBLIC ARENAS. THE ARTISTS FOR HUMANITY E		
	OFFERS YOUTH PROFESSIONAL, EDUCATIONAL, AND ECONOMIC EMPOWE		
	OPENS DOORS TO ACADEMIC AND CAREER OPPORTUNITIES. WITHIN T		FUL
	PROGRAM, YOUNG PEOPLE PARTICIPATE IN OPERATING A COMMERCIA	LLY VIABLE	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$		
4d	Other program services (Describe in Schedule O.)	)	
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4d 4e		) Form <b>9</b>	<b>990</b> (2011
4e	(Expenses \$ including grants of \$ ) (Revenue \$	) Form <b>9</b>	<b>990</b> (201)

Form	aan	(2018)	
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 Form 990 (2018)
 ARTISTS FOR HUMANITY, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- <b>°</b>		<u></u>
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
10	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		- 21
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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 Form 990 (2018)
 ARTISTS FOR HUMANITY, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
· ·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			<u> </u>
02		32		x
22	Schedule N, Part II	32		- 23
33	5	000		x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
<b>0</b> -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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<sup>-</sup> orm <b>Par</b>	990 (2018)       ARTISTS FOR HUMANITY, INC.       04-3138         t V       Statements Regarding Other IRS Filings and Tax Compliance (continued)       04-3138	434	Pa	<sub>age</sub> 5
T ai	Statements Regarding Other INS Things and Tax Compliance (continued)		Y.	
0-			Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 287			
h	filed for the calendar year ending with or within the year covered by this return 2a 287 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	20		
32		3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
iu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:	1u		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against			
5	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

5 2018.05000 ARTISTS FOR HUMANITY, INC 03139981 13521115 147227 0313998-0313998.0990

Form 990	(2018)
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ARTISTS FOR HUMANITY, INC.

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 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

 Check if Schedule O contains a response or note to any line in this Part VI
 X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a14	L		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14	<u>I</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	⊢
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
C	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		<u> </u>	
			Yes	
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	<u> </u>
3	Did the organization have a written whistleblower policy?	13	X	
1	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\mathbf{MA}$			
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>			
			loi	
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	iai	
Э	statements available to the public during the tax year.	i financ		
)	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	i financ		
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► MOSES AJOU - 617-268-7620			
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records		ייםי ז <b>990</b>	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)	l	mea		C)	-por	loure	(D)	(E)	(F)
Name and Title				Pos	j itior	1		Reportable	( <b>-</b> ) Reportable	Estimated
Name and The	Average hours per		not cl , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				5		organization	(W-2/1099-MISC)	from the
	related	e or	stee			nsate		(W-2/1099-MISC)	()	organization
	organizations	trust	al tru		yee	a me				and related
	below	Individual trustee or director	Institutional trustee	ar.	Key employee	est co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ABIGAIL OGILVY	1.00									
MEMBER		x						0.	Ο.	0.
(2) CAROLINE TAGGART	1.00									
MEMBER		Х						0.	Ο.	0.
(3) DAVID NAGAHIRO	1.00									
MEMBER		X						0.	0.	0.
(4) HOWARD GALLIGAN	1.00									
MEMBER		Х						0.	0.	0.
(5) JOHN CANNISTRARO	1.00									
MEMBER		Х						0.	0.	0.
(6) JOHN SLYCONISH	1.00									
MEMBER		Х						0.	0.	0.
(7) NATALIE LEMLE	1.00									
MEMBER		Х						0.	0.	0.
(8) NICOLE RICE	1.00									
MEMBER		Х						0.	0.	0.
(9) NINA NICOLOSI	1.00									
MEMBER		Х						0.	0.	0.
(10) PATRICK PLANETA	1.00									
BOARD CHAIR		Х						0.	0.	0.
(11) ROBERT WEINTRAUB	1.00									
MEMBER		Х						0.	0.	0.
(12) SENAM KUMAHIA	1.00									
MEMBER		Х						0.	0.	0.
(13) SHEILA GALLIGAN	1.00									-
MEMBER		Х						0.	0.	0.
(14) YARO PAN	1.00									
MEMBER		Х						0.	0.	0.
(15) ANDREW MOTTA	40.00									
OPERATIONS DIR./ TREASURER				Х				79,643.	0.	12,186.
(16) PAOLA OZUNA	40.00									
DEVELOPMENT OFFICER/CLERK				Х				30,891.	0.	3,444.
(17) ELLEN MELTZER	40.00							100.000		
DIRECTOR OF INSTITUTIONAL GIVING/CLE				Х				109,356.	0.	0 • Form <b>990</b> (2018)
832007 12-31-18				-	-					Form <b>990</b> (2018)

Form 990 (2018) ARTISTS B	OR HUMA	NI	ΤY	· ,	IN	IC.			04-31	384	34	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(C) Position (do not check more than one box, unless person is both an				an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation			nated		
weekofficer and a director/trustee)fromfrom relate(list any))theorganization						from related organizations (W-2/1099-MISC	C)	compe fron organ and r	her insation in the ization elated zations			
(18) SUSAN RODGERSON	40.00	_									-	
EXEC / ARTISTIC DIR./PRESIDENT		-		X				157,287.		0.	6	,221.
		-										
		-										
		-										
1b Sub-total								377,177.		0.	21	,851.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	, Section A							0. 377,177.		0.	21	<u>0.</u> ,851.
2 Total number of individuals (including but n compensation from the organization					ove	) wh	o re	eceived more than \$100,	000 of reportable			2
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su					•			•			3	es No X
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			x
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	ccrue comper	nsati	, on fr	om	any	unre	late	ed organization or individ	lual for services	-	4	
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .	<u></u>				5	X
Complete this table for your five highest control the organization. Report compensation for the organization.	-	-								ensatio	n from	
(A) Name and business	address							(B) Description of s	ervices	Cor	(C)	ation
EDUCATION DEVELOPMENT CEN		4 5	2					R&D PROGRAM			100	245
43 FOUNDRY AVE. , WALTHAM	I, MA UZ	45	<u> </u>					CONSULTANTS			190	,345.
2 Total number of independent contractors (ir	•	ot lin	nitec	d to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation 🕨				1	<u> </u>			_	Fo	orm <b>9</b> 9	<b>90</b> (2018)

832008 12-31-18

Bit Notice     Rest October     Rest October     Rest October     Dusinees of revenue     The method of the set of	Pal	rt VII			or note to any lin	e in this Part VIII			
Book Munchambip dues       tb         Be Munchambip dues       tb         Beated organizations       tb         Book Contractions       tb <th></th> <th></th> <th></th> <th></th> <th></th> <th>(A)</th> <th>Related or exempt function</th> <th>Unrelated business</th> <th>(D) Revenue excluded from tax under sections 512 - 514</th>						(A)	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
B       GALLERY RENTALS       532000       201,333.       201,333.         c		b c d f f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines <b>Total.</b> Add lines 1a-1f	1b           1c           1d           ions)           1e           ts, and           ve           1a-1f: \$	380,827. 123,922. Business Code		853 792		
g Total. Add lines 2a:21       1,055,125.         3 threatmant income (including dividends, interest, and other similar amounts).       53,925.         4 income from investment of tax exempt bond proceeds       53,925.         5 Royalties       0. Real         6 a Gross rents       0. Real         b Less: rental income or (loss)       0. Real         7 a Gross amount from sales of assets other than inventory       0. Securities         b Less: cost or other basis and sales expenses       0. Securities         c Gain or (loss)       0. Securities         4 Net gain or (loss)       0. Securities         6 a Gross income from fundraising events (not including \$ 30,574of contributions reported on line 1c). See Part IV, line 18       a 20,973         9 a Gross income from gaming activities. See Part IV, line 19       a b Less: direct expenses and allowances	vice					201,333.	201,333.		
g Total. Add lines 2a:21       1,055,125.         3 threatment income (including dividends, interest, and other similar amounts)       53,925.         4 income from investment of tax exempt bond proceeds       53,925.         5 Royatties       0. Real         6 a Gross rents       0. Real         b Less: rental income or (loss)       0. Real         7 a Gross amount from sales of assets other than inventory       0. Securities         b Less: cost or other basis and sales expenses       0. Other         a Gross income from fundraising events (not including \$30, 574 of cost income from gaming activities. See Part V, line 18       20, 973         b Less: direct expenses       b	Ser								
g Total. Add lines 2a:21       1,055,125.         3 threatment income (including dividends, interest, and other similar amounts)       53,925.         4 income from investment of tax exempt bond proceeds       53,925.         5 Royatties       0. Real         6 a Gross rents       0. Real         b Less: rental income or (loss)       0. Real         7 a Gross amount from sales of assets other than inventory       0. Securities         b Less: cost or other basis and sales expenses       0. Other         a Gross income from fundraising events (not including \$30, 574 of cost income from gaming activities. See Part V, line 18       20, 973         b Less: direct expenses       b	am								
g Total. Add lines 2a:21       1,055,125.         3 threatment income (including dividends, interest, and other similar amounts)       53,925.         4 income from investment of tax exempt bond proceeds       53,925.         5 Royatties       0. Real         6 a Gross rents       0. Real         b Less: rental income or (loss)       0. Real         7 a Gross amount from sales of assets other than inventory       0. Securities         b Less: cost or other basis and sales expenses       0. Other         a Gross income from fundraising events (not including \$30, 574 of cost income from gaming activities. See Part V, line 18       20, 973         b Less: direct expenses       b	ъĝ	е							
3       Investment income (including dividends, interest, and other similar amounts)       53,925.         4       Income from investment of tax exempt bond proceeds       5         5       Royatties       (i) Pead         6 a Gross rents       (i) Pead       (ii) Personal         b Less: rental expenses       (iii) Other         a sates other than inventory       (iii) Securities         7 a Gross amount from sales of assets other than inventory       (iii) Securities         a diale expenses       (iii) Other         b Less: cost or other basis and sales expenses       (iii) Other         a Gross income from fundraising events (not including 3	Å	f	All other program service reve	enue					
other similar amounts)         4       income from investment of tax exempt bond proceeds         5       Royaties         6       a Gross rents         b       Less: rental expenses         c       Rental income or (loss)         d       Net rental income from fundraising events (not including \$\frac{3}{3}, 574. or contributions reported on line 10; See Part IV, line 18         b       Less: circet expenses         c       Net income or (loss) from gaming activities. See Part IV, line 19         b       Less: circet expenses         c       Net income or (loss) from gaming activities. See Part IV, line 19         b       Less: circet expenses         c       Net income or (loss) from gaming activities. See Part IV, line 19         b       Less: circet expenses         c       Net income or (loss) from gaming activities. See Part IV, line 19         d       Less: circet expenses         d       Less: circet expenses         d       Less: circet expenses         d       Less: circet expenses         d		g	Total. Add lines 2a-2f		►	1,055,125.			
6 a Gross rents       (i) Real       (ii) Personal         b Less: rental expenses       (iii) Other         c Rental income or (loss)       (iii) Other         d Net rental income or (loss)       (iii) Other         assets other than inventory       (ii) Securities         b Less: cost or other basis and sales expenses       (iii) Other         c Gain or (loss)       (iii) Other         a Gross income from fundraising events (not including \$30,574.or contributions reported on line tc). See       (iii) Other         b Less: direct expenses       (iii) 20,973.         c Ret income or (loss) from fundraising events expenses       (iiii) 20,973.         b Less: direct expenses       (iiiii) 20,973.         c Net income or (loss) from fundraising events       (iiiiiiiii)11,414.         e Coss sales of inventory, less returns and allowances       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			other similar amounts)	, ,		53,925.			53,925.
6 a Gross rents		5	Royalties		📐				
b Less: rental expenses				(i) Real	(ii) Personal				
c       Rental income or (loss)         d Met rental income or (loss)       (i) Securities         7 a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or other basis and sales expenses       (ii) Other         a Gross income from fundraising events (not including \$30, 574or       (iii) Other         a Gross income from fundraising events (not including \$30, 574or       (iii) Other         b Less: cost or other basis       a         a Gross income from fundraising events (not including \$30, 574or       (iii) Other         b Less: direct expenses       b         b Less: direct expenses       b         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See       -11, 414.         part IV, line 19       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See       -11, 414.         or a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from cales of inventory          Miscellaneous Revenue       Business Code         11 a OTHER INCOME       900099         c All other revenue       -11, 437, 537.         c All dothe									
d Net rental income or (loss)       0) Securities       (ii) Other         assets other than inventory       0) Securities       (iii) Other         b Less: cost or other basis and sales expenses       0) Securities       (iii) Other         c Gain or (loss)       0       0       0         d Net gain or (loss)       0       0       0         d Net gain or (loss)       0       0       0         d Net gain or (loss)       0       0       0         b Less: direct expenses       0       0       0         c Net income or (loss) from fundraising events       0       0       0         g Gross income from gaming activities. See Part IV, line 19       a       0       0       0         b Less: direct expenses       b       0       0       0       0         in a dilowances       a       0       0       0       0       0         c Net income or (loss) from gailing activities       a       0       0       0       0       0         in a dilowances       a       0       0       0       0       0       0       0         c       Net income or (loss) from sales of inventory       0       0       0       0       0									
7 a Gross amount from sales of assets other than inventory       0) Securities       (i) Other         b Less: cost or other basis and sales expenses       0) Securities       (ii) Other         a Gross income from fundraising events (not including \$30, 574 • of contributions reported on line 1c). See       >       >         B a Gross income from fundraising events (not including \$30, 574 • of contributions reported on line 1c). See       >       >         Part IV, line 18       a       20, 973.       32, 387.         b Less: clirect expenses       b       32, 387.       -         9 Gross income from gaming activities. See       >       -       -         Part IV, line 19       a       a       -       -         b Less: direct expenses       b       -       -       -         b Less: direct expenses       b       -       -       -       -         10 a Gross alse of inventory, less returns and allowances       a       -       -       -       -         Miscellaneous Revenue       Business Code       -       <									
assets other than inventory       b       Less: cost or other basis and sales expenses         c       Gain or (loss)					🕨				
b       Less: cost or other basis and sales expenses		7 a		(i) Securities	(ii) Other				
and sales expenses			,						
c       Gain or (loss)		b							
d       Net gain or (loss)         8 a       Gross income from fundraising events (not including \$30,574. of contributions reported on line 1c). See         Part IV, line 18       a         20,973.       32,387.         c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         c       Net income or (loss) from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         c       Net income or (loss) from gaming activities. See         Part IV, line 19       a         b       Less: clirect expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         a       b         c       Miscellaneous Revenue         Business Code       900099         11 a       OTHER INCOME         g       900099         37,537.       -         d       All other revenue         e       Total revenue. See instructions         4,670,496.1,092,662.       0.         4,670,496.1,092,662.									
8 a Gross income from fundraising events (not including \$30,574. of contributions reported on line 1c). See Part IV, line 18a       a 20,973.         b Less: direct expensesb       b 20,387.         c Net income or (loss) from fundraising events is a Gross income from gaming activities. See Part IV, line 19a       bA144.         9 a Gross income from gaming activities. See Part IV, line 19a       aA         b Less: direct expensesb       bA         c Net income or (loss) from gaming activities and allowancesa       bA         a Gross scales of inventory, less returns and allowancesa       bA         c Net income or (loss) from sales of inventory       bA         Miscellaneous Revenue       Business Code         11 a OTHER INCOME900099       37,537.         c									
including \$30,574. of contributions reported on line 1c). See Part IV, line 18a       20,973. 32,387.         b Less: direct expensesb       32,387.         c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a       -11,414.         b Less: direct expensesb					· <u>······</u>				
c       Net income or (loss) from fundraising events       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         b       Less: direct expenses       b       -11,414.       -11,414.         b       Less: direct expenses       b       -11,414.       -11,414.         c       Net income or (loss) from gaming activities       -11,414.       -11,414.         10 a       Gross sales of inventory, less returns and allowances       a       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.         c       Net income or (loss) from gaming activities       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.         c       Net income or (loss) from sales of inventory       -11,414.       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.       -11,414.         c       Miscellaneous Revenue	r Revenue	8 a	including \$ <u>30,5</u> contributions reported on line	74. of 1c). See	20,973.				
c       Net income or (loss) from fundraising events       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         9 a       Gross income from gaming activities. See       a       -11,414.       -11,414.         b       Less: direct expenses       b       -11,414.       -11,414.         b       Less: direct expenses       b       -11,414.       -11,414.         c       Net income or (loss) from gaming activities       -11,414.       -11,414.         10 a       Gross sales of inventory, less returns and allowances       a       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.         c       Net income or (loss) from gaming activities       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.         c       Net income or (loss) from sales of inventory       -11,414.       -11,414.       -11,414.         b       Less: cost of goods sold       b       -11,414.       -11,414.       -11,414.         c       Miscellaneous Revenue	the	b							
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b a   b b     10 a   Gross sales of inventory, less returns   and allowances   a   b   b   c   Miscellaneous Revenue   Business Code   11 a   OTHER INCOME   900099   37,537.   37,537.   4,670,496.1,092,662.   0.   42,511	0					-11,414.			-11,414.
b Less: direct expenses b b b b b b b b b b b b b b b b b b		9 a	Gross income from gaming ad	ctivities. See					
c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a OTHER INCOME   900099 37,537.   37,537. Image: content of the second s									
10 a Gross sales of inventory, less returns and allowances       a         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code         11 a OTHER INCOME       900099         b       900099         37,537.       1000000000000000000000000000000000000									
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a   OTHER INCOME   900099   37,537.     a   a   a   b   c   d   All other revenue   e   Total. Add lines 11a-11d   b   37,537.   4,670,496.1,092,662.   0.				-					
b       Less: cost of goods sold       b          c       Net income or (loss) from sales of inventory       >       >         Miscellaneous Revenue       Business Code          11 a       OTHER INCOME       900099       37,537.       37,537.         b		10 a							
c       Net income or (loss) from sales of inventory       ▶         Miscellaneous Revenue       Business Code       11 a         11 a       OTHER INCOME       900099       37,537.       37,537.         b									
Miscellaneous Revenue       Business Code         11 a       OTHER INCOME       900099       37,537.       37,537.         b									
11 a       OTHER INCOME       900099       37,537.       37,537.         b	ŀ	С							
b	ŀ	44		e			37 527		
c					300033	57,007.	57,557.		
d All other revenue       and all other revenue         e Total. Add lines 11a-11d       > 37,537.         12 Total revenue. See instructions       > 4,670,496.1,092,662.									
e Total. Add lines 11a-11d       > 37,537.         12 Total revenue. See instructions       > 4,670,496.1,092,662.									
12         Total revenue. See instructions         4,670,496.1,092,662.         0.         42,511						37 537			
							1 092 662	0	42 511
	000000				····· P	-, , , , , , , , , , , , , , , , , , ,	-, , , , , , , , , , , , , , , , , , ,	0.	Form <b>990</b> (2018

ARTISTS FOR HUMANITY, INC.

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Form 990 (2018)

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#### Form 990 (2018)

ARTISTS FOR HUMANITY, Part IX Statement of Functional Expenses

Cont	$E_{\rm e}$	lete ell celumene. All ethe	w averagizationa must car	anlata aalumn (A)	
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
	Check if Schedule O contains a respon	ise or note to any line in t (A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	500,154.	320,765.	64,975.	114,414.
6	Compensation not included above, to disqualified	500,1510	52077031	0175751	
U	persons (as defined under section 4958(f)(1)) and				
	$r_{\rm excess}$ described in section $40\Gamma0(s)(D)(D)$				
7	Other salaries and wages	2,040,497.	1,488,755.	199,841.	351,901.
8	Pension plan accruals and contributions (include	_, , , , . , .	_,,		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	172,902.	129,677.	17,290.	25,935.
10	Payroll taxes	220,231.	165,173.	22,023.	33,035.
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting	259,949.	204,404.	55,545.	
	Lobbying	20575251			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A) amount, list line 11g expenses on Sch O.)	35,922.	35,922.		
12	Advertising and promotion				
13	Office expenses	94,777.	59,010.	15,853.	19,914.
14	Information technology	18,347.	9,173.	4,587.	4,587.
15	Royalties				
16	Occupancy	70,024.	52,518.	7,002.	10,504.
17	Travel	23,541.	17,882.	2,384.	3,275.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,114.	2,280.	1,756.	1,078.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	263,553.	197,665.	26,355.	39,533.
23	Insurance	29,562.	22,172.	2,956.	4,434.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	CAPITAL LEASE EXPENSE	208,360.	158,604.	21,147.	28,609.
b	PROGRAM SUPPLIES	195,101.	195,101.		
с	CLEANING EXPENSES	47,364.	35,523.	4,736.	7,105.
d	EQUIPMENTAL RENTAL AND	36,308.	27,231.	3,631.	5,446.
е	All other expenses	32,190.	15,275.	6,766.	10,149.
25	Total functional expenses. Add lines 1 through 24e	4,253,896.	3,137,130.	456,847.	659,919.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

INC.

832010 12-31-18

Form 990 (2018)

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Form 990 (2018)

ARTISTS FOR HUMANITY, INC.

	ιιλ				
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	307,912.	1	819,941.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	531,217.	3	407,229.
	4	Accounts receivable, net	200,596.	4	1,137,084.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
S		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	10,785,140.	7	10,785,140.
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,152.	9	8,836.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 26,850,011.			
	b	Less: accumulated depreciation 10b 2,387,007.	6,273,186.	10c	24,463,004.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	68,500.	15	95,030.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,171,703.	16	37,716,264.
	17	Accounts payable and accrued expenses	194,142.	17	111,251.
	18	Grants payable	<u> </u>	18	
	19	Deferred revenue	69,678.	19	895,609.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
iliti		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	6,284,170.	25	24,669,091.
	26	Schedule D Total liabilities. Add lines 17 through 25	6,547,990.	25 26	25,675,951.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	0,547,550.	20	23,013,951.
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		11,004,596.	27	11,039,074.
lan	28	Unrestricted net assets Temporarily restricted net assets	619,117.	28	1,001,239.
Ba	29	Permanently restricted net assets	010/11/0	29	1,001,200
pur	25	Organizations that do not follow SFAS 117 (ASC 958), check here		25	
Ę		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Nei		Total net assets or fund balances	11,623,713.	33	12,040,313.
		Total liabilities and net assets/fund balances			37,716,264.
Z	33 34				

Form **990** (2018)

832011 12-31-18

Form	ARTISTS FOR HUMANITY, INC.	04-3	138434	Page	e 12
Pa	rt XI Reconciliation of Net Assets			0	
	Check if Schedule O contains a response or note to any line in this Part XI			[	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,670	,49	6.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,253		
3	Revenue less expenses. Subtract line 2 from line 1	3		,60	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,623		
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,040	,31	.3.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		[	Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	<b>990</b> (2	2018)

832012 12-31-18

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SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
	550		550 LZ

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

1

#### Name of the organization

Nan	ne of t	the organization							identification number	
D		ARTIS	STS FOR HU	MANITY, INC.					4-3138434	
	art I	Reason for Public C					ee instructions			
The	organ	ization is not a private founda								
1		A church, convention of chu					1)(A)(i).			
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative I					•	<u>-</u> .		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
_		city, and state:								
5		An organization operated fo		ollege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in	
•		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov	•				.,		a de antipadia	
7	X	An organization that normal		antial part of its support fi	rom a gove	ernmental	unit or from th	e general j	public described in	
0		section 170(b)(1)(A)(vi). (Co		VIVAVui) (Complete Der	+ 11 \					
8 9		A community trust describe An agricultural research orga	-		-	od in coniu	unction with a	land grant	collogo	
9		or university or a non-land-g				-		-	-	
		university:	rant concyc or agri			name, ony	, and state of	ine conege		
10		An organization that normal	lv receives: (1) mor	e than 33 1/3% of its sup	port from	contributio	ns. membersh	ip fees, an	d aross receipts from	
		activities related to its exem								
		income and unrelated busin					Ť	• •		
		See section 509(a)(2). (Con	nplete Part III.)							
11		An organization organized a	nd operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).			
12		An organization organized a	nd operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	ry out the	purposes of one or	
		more publicly supported org	anizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	6 <b>09(a)(3).</b> (	Check the box in	
	_	lines 12a through 12d that c	lescribes the type	of supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		<b>Type I.</b> A supporting orga	nization operated,	supervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving	
		the supported organizatio			majority o	of the direc	ctors or trustee	es of the su	upporting	
		organization. You must c	-							
b		<b>Type II.</b> A supporting orga					-		-	
		control or management of			ame perso	ins that co	ntrol or manag	je the supp	ported	
		organization(s). You must			in connoc	tion with	and functional	vintograta	ad with	
С	•	Type III functionally integ its supported organization						y integrate	eu with,	
d		Type III non-functionally						ted organiz	zation(s)	
Ū	•	that is not functionally inte						•		
		requirement (see instructio			•		-			
е	•	Check this box if the orga	,	•				I, Type III		
		functionally integrated, or								
f	Ente	er the number of supported o	rganizations							
g		vide the following information							1	
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
Tota	al									
LHA	For F	Paperwork Reduction Act N	otice, see the Inst	ructions for Form 990 or	990-EZ.	832021 10-	11-18 Sched	lule A (For	rm 990 or 990-EZ) 2018	
				13						

#### Schedule A (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC. Part II Support Schedule for Organizations Described in Sections

04-3138434 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	5507182.	5944203.	6867348.	3275007.	3556296.	25150036.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge		5044000	6067240	2075007	2556206	05150006			
	Total. Add lines 1 through 3	5507182.	5944203.	6867348.	3275007.	3556296.	25150036.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column (f)						2248020.			
~	····						22902016.			
	Public support. Subtract line 5 from line 4.						22902010.			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total			
	Amounts from line 4	5507182.	5944203.	6867348.	3275007.		(f) Total 25150036.			
	Gross income from interest,	55071021	55442051	0007540.	5275007.	5556256.	23130030.			
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	176.			15,130.	53,925.	69,231.			
9	Net income from unrelated business						00,2020			
Ŭ	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	1,203.			5,746.	37,537.	44,486.			
11	Total support. Add lines 7 through 10						25263753.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12 7	,721,085.			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)				
	organization, check this box and stop	phere								
Sec	ction C. Computation of Publi	ic Support Per	centage							
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	90.65 %			
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	<u>76.98 %</u>			
<b>1</b> 6a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	$\operatorname{{\boldsymbol{stop}}}$ here. The organization qualifies	as a publicly supp	orted organization				► X			
b	33 1/3% support test - 2017. If the o									
	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,			
	and if the organization meets the "fac				-	-				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	-								
	more, and if the organization meets the						e			
	organization meets the "facts-and-circ									
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b						
	Schedule A (Form 990 or 990-EZ) 2018									

#### Schedule A (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			1		<b>.</b>	<b>1</b>
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				L	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	-	-		• •		
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check th</u>			
83202	3 10-11-18		15		Sch	edule A (Form 99	0 or 990-EZ) 2018

2018.05000 ARTISTS FOR HUMANITY, INC 03139981 13521115 147227 0313998-0313998.0990

# Schedule A (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC.

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

832024 10-11-18

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes No

Schedule A (Form 990 or 990-EZ) 2018

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990 2018.05000 ARTISTS FOR HUMANITY, INC 03139981

# Schedule A (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	0-EZ)	2018

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13521115 147227 0313998-0313998.0990 2018.05000 ARTISTS FOR HUMANITY, INC 03139981

	Type III Non-Functio				
Schedule A	(Form 990 or 990-EZ) 2018	ARTISTS	FOR	HUMANITY,	INC.

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting organ	nization (see

instructions).

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Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

# Schedule A (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC.

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)					
Secti	ion D - Distributions	Current Year						
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exemption							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	6						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	he organization is responsive						
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
	Underdistributions, if any, for years prior to 2018 (reason-							
	able cause required- explain in <b>Part VI</b> ). See instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
	From 2014							
с	From 2015							
	From 2016							
	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
	Applied to 2018 distributable amount							
	Carryover from 2013 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
с	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2014							
b	Excess from 2015							
с	Excess from 2016							
d	Excess from 2017							
е	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ	) 2018	ARTISTS	FOR	HUMANITY,	INC.
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHE	R INCOME	
2014	AMOUNT:	\$ 1,203.
2017	AMOUNT:	\$ 5,746.
2018	AMOUNT:	\$ 37,537.
832028 10-	-11-18	Schedule A (Form 990 or 990-EZ) 2018 20

Department of the Treasury Internal Revenue Service

832051 10-29-18

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization ARTISTS FOR HUMANI	TNC.		E	mployer identification number 04-3138434
Pa		d Funds or	Other Similar Fund	s or Acco	
I u	organization answered "Yes" on Form 990, Part IV, lin				
	organization answered Tes of Form 990, Fart IV, in		or advised funds	(b) F	unds and other accounts
	Tatel number at and of year	( <b>u</b> ) 201		(5)	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year			ia a di fi va da	
5	Did the organization inform all donors and donor advisors in w	-			
~	are the organization's property, subject to the organization's of				Yes No
6	Did the organization inform all grantees, donors, and donor an				
	for charitable purposes and not for the benefit of the donor of			•	Yes No
Pa	t II Conservation Easements. Complete if the org				
1	Purpose(s) of conservation easements held by the organization			, raitiv, iiic	
•	Preservation of land for public use (e.g., recreation or e		Preservation of a h	ictorically im	artant land area
		ducation)			
	Protection of natural habitat     Preservation of open space		Preservation of a c		
2	Complete lines 2a through 2d if the organization held a qualif	ind conconvotio	n contribution in the form	n of a conce	votion accoment on the last
2	day of the tax year.	led conservatio			Held at the End of the Tax Year
	5				
a h					
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru		(in (a)		
с С	Number of conservation easements included in (c) acquired a				
d	listed in the National Register				-
3	Number of conservation easements modified, transferred, rele				
5	year	eased, extingui	shed, or terminated by th	le organizati	
4	Number of states where property subject to conservation eas	ement is locate			
5	Does the organization have a written policy regarding the per			f	
Ŭ	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•		i all'all'ig et tiet	anono, ana omoronig co		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violation	s and enforcing conserv	vation easem	ents during the year
•		ing of violation			
8	Does each conservation easement reported on line 2(d) above	e satisfy the red	nuirements of section 17	0(h)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?		•		Yes No
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat				
	conservation easements.			5	3
Pa	t III Organizations Maintaining Collections of	Art, Histori	cal Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, lii	ne 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to i	eport in its revenue state	ement and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, educat	on, or research in furthe	rance of publ	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	5.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to repo	rt in its revenue stateme	nt and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or res	earch in furtherance of p	ublic service	, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				► \$
	···· · · · · · · · · · · · · · · · · ·			•	► \$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1		-		► \$
	Assets included in Form 990, Part X				•
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2018

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		FOR HUMAN								Page <b>2</b>
	t III Organizations Maintaining C								•	,
3	Using the organization's acquisition, accession (check all that apply):	on, and other record	is, checł	c any of the f	ollowing that	are a sig	gnificant u	se of its	collection	items
а	Public exhibition		d 🗌	Loan or exc	hange progr	ame				
a b	Public exhibition     d     Loan or exchange programs       Scholarly research     e     Other									
c	Preservation for future generations	· · · · ·								
4	Provide a description of the organization's co	lections and explai	n how th	new further th	ne organizatio	n's even	ant nurnos	e in Par	• XIII	
5	During the year, did the organization solicit o	-		•	-			sennan		
Ű	to be sold to raise funds rather than to be ma				-			Г	Yes	No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			o o gui izuito				, · ,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributions	s or other as	sets not i	ncluded			
	on Form 990, Part X?		-						Yes	No
b	If "Yes," explain the arrangement in Part XIII									
		·	-						Amount	
с	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21, for	escrow or cu	ustodial acco	unt liabili	ty?	[	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	-		g, column (a)	) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho									
за	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are neid ar	ia administer	ed for the	e organiza	tion	Г	Vee Ne
	by: (i) unrelated organizations									Yes No
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
_	t VI Land, Buildings, and Equipm		wittent	iunus.						
	Complete if the organization answere		0. Part IV	/ line 11a. S	ee Form 990	Part X	line 10.			
	Description of property	(a) Cost or d		ŕ	or other		ccumulate	h	(d) Book	value
	Description of property	basis (investi			(other)	. ,	preciation	~		
1a	Land		,		5,716.				2,265	5,716.
	Buildings				1,612.	2.0	)54,11	12. 2		7,500.
	Leasehold improvements			, -			,			
	Equipment			36	4,948.	2	264,68	36.	100	),262.
	Other				7,735.		68,20			9,526.
	. Add lines 1a through 1e. (Column (d) must e		X. colur	nn (B). line 1	0c.)	<u></u>			24,463	3,004.

Schedule D (Form 990) 2018

832052 10-29-18

	Schedule D (Form 990)	2018 AR	TISTS FO	OR HUMA	NITY, 1	INC.
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Schedule D	(Form 990) 2018 ARTISTS FOR	HUMANITY,	INC.		04-3138434 Page <b>3</b>
Part VII					
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form	990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: Cost	or end-of-year market value
(1) Financia	al derivatives				
(2) Closely-	-held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Metho	d of valuation: Cost	or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	b) must equal Form 990, Part X, col. (B) line 13.)				
		on Form 000 Part IV	line 11d Coo Form	000 Dort V line 15	
	Complete if the organization answered "Yes" (a)	Description	, line Ma. See Form	990, Part X, line 15.	(b) Book value
(4)	(a)	Description			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Totol (0.1)		45)			<b></b>
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e (5.)		<u></u>	··· 🔽
	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See	Form 990 Part Y li	ine 25
1.	(a) Description of liability		(b) Book value		
	deral income taxes		(2) 2001 10100		
	ITERCOMPANY LEASE PAYABLE	то арн			
	PICENTER, INC.		24,669,0	91.	
(3) <u> </u>			21,000,0		
(5)					
(6)					
<u>, -</u> ,					

(9) 24,669,091. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

(7) (8)

Sche	edule D (Form 990) 2018 ARTISTS FOR HUMANITY, INC.				3138434 <sub>Page</sub>	e 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	its With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	4,800,178	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	129,682.			
е	Add lines 2a through 2d			2e	129,682	
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,670,496	5.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>	4c		).		
_		5	4,670,496	-		
	I otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,070,490	<b>.</b>
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F		4,070,490 n.	<u>.</u>
	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.)</i> <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F		n.	
	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F		4,383,578	
Pa	<b>rt XII</b> Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts With	Expenses per F	Retur	n.	
Ра 1	TXII         Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	nts With	Expenses per F	Retur	n.	
Pa 1 2	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts With	Expenses per F	Retur	n.	
Pa 1 2 a	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nts With	Expenses per F	Retur	n.	
<b>Pa</b> 1 2 a b	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a 2b 2c	Expenses per F	Retur	n. 4,383,578	3.
<b>Pa</b> 1 2 a b	<b>t XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	129,682.	Retur	n. <u>4,383,578</u> 129,682	3.
Pa 1 2 b c d	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	129,682.	1	n. 4,383,578	3.
Pa 1 2 b c d e	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	129,682.	1 2e	n. <u>4,383,578</u> 129,682	3.
Pa 1 2 6 0 4 3	T XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	129,682.	1 2e	n. <u>4,383,578</u> 129,682	3.
Pa 1 2 a b c d e 3 4	T XII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	129,682.	1 2e	n. <u>4,383,578</u> 129,682	3.
Pa 1 2 a b c d e 3 4 a	TXII       Reconciliation of Expenses per Audited Financial Stateme         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	129,682.	1 2e	n. <u>4,383,578</u> <u>129,682</u> <u>4,253,896</u>	<u>3.</u> 2.
Pa 1 2 a b c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	129,682.	1 2e 3	n. <u>4,383,578</u> <u>129,682</u> <u>4,253,896</u>	<u>3.</u> 2.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE COMBINING FINANCIAL STATEMENTS REGARDING A
TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE
ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS
WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINING
FINANCIAL STATEMENTS AT DECEMBER 31, 2018. THE ORGANIZATION'S INFORMATION
RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

PART XI, LI	NE 2D - OTHER	ADJUSTMENTS:	
832054 10-29-18		20	Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	ARTISTS FOR HUMANITY, INC.	04-3138434 Page 5
Part XIII Supplemental Infor	mation (continued)	
FUNDRAISING EXPENSE		32,387.
DONATED SERVICES		97,295.
TOTAL TO SCHEDULE D	, PART XI, LINE 2D	129,682.
PART XII, LINE 2D -	OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSE		32,387.
DONATED SERVICES		97,295.
TOTAL TO SCHEDULE D	, PART XII, LINE 2D	129,682.
		Schedule D (Form 990) 2018
832055 10-29-18	30	
0111E 147007 001000		

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SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2018	
Department of the Treasury Attach to Form 990 or Form 990-EZ.								Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		FOR HUMANITY, INC					Employer ic $04 - 313$	lentification number 8434
Part I Fundrais		Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t.						
<ol> <li>Indicate whether the</li> <li>a Mail solicitat</li> </ol>	•	ed funds through any of the followin e Solicitat	•		Check all that apply. overnment grants			
	email solicitations			•	nment grants			
c 🔄 Phone solici		g 📃 Special						
d In-person so		r oral agreement with any individual	(inclus	ling of	ficara directora truc	+000	or	
•		art VII) or entity in connection with p		Ũ		lees,		es 🗌 No
	-	viduals or entities (fundraisers) pursu			•	ne fur	ndraiser is to I	be
compensated at le	ast \$5,000 by the	organization.						
(i) Name and addres	s of individual		(iii) fundi	Did	(iv) Gross receipts	(v)	Amount paid or retained by	(vi) Amount paid
or entity (func		(ii) Activity	have c or cor contrib	ustody itrol of	from activity		fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No		110		
Total			I	•				
3 List all states in whi		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from I	registration
or licensing.								
	duction Act Not:	ce, see the Instructions for Form 9	100 or	000 -	7	Sohar	hula C (Earm	990 or 990-EZ) 2018
				550-E	. <u></u> .	Jone		555 OF 550-LZJ ZU 10

832081 10-03-18

31 2018.05000 ARTISTS FOR HUMANITY, INC 03139981 13521115 147227 0313998-0313998.0990

#### Schedule G (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 ANNUAL FUNDRAISER -	( <b>b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Hevenue	1	Gross receipts	51,547.			51,547
	2	Less: Contributions	30,574.			30,574
	3	Gross income (line 1 minus line 2)	20,973.			20,973
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,913.			1,913.
	7	Food and beverages	18,346.			18,346.
	8	Entertainment	7,880.			7,880.
	9	Other direct expenses	4,248.			
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	32,387
- I.		Net income summary. Subtract line 10 from li				
	11		ine 3, column (d)		🕨	-11,414.
	rt I					, 414
				990, Part IV, line 19, or r		
Pa		<b>II Gaming.</b> Complete if the organization				(d) Total gaming (add
<b>Pa</b>		<b>II Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	rt I	<b>II Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	1 2	<b>Gross revenue</b>	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
Panene	1 2 3	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
	1 2 3 4	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-11,414.
Panene	1 2 3 4 5	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue       Gross revenue         Cash prizes       Noncash prizes         Rent/facility costs       Gross	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add col. (a) through col. (c)
Panene	1 2 3 4 5 6	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue       Gross revenue         Cash prizes       Noncash prizes         Rent/facility costs       Other direct expenses	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 2 3 4 5 6	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue       Gross revenue         Cash prizes       Noncash prizes         Rent/facility costs       Other direct expenses         Volunteer labor       Volunteer labor	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 2 3 4 5 6 7 8	II       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         Gross revenue	answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

No

edule G (Form 990 or 990-EZ) 2018 ARTISTS FOR HUMANITY, INC. 0	4-3138434 Page 3
Does the organization conduct gaming activities with nonmembers?	
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
a An outside facility	<b>13b</b> %
Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt
of gaming revenue retained by the third party $\blacktriangleright$ \$	
: If "Yes," enter name and address of the third party:	
Name	
Address	
Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
D Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he
organization's own exempt activities during the tax year 🕨 💲	
ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
B3 10-03-18 Schedule G	(Form 990 or 990-EZ) 2018

	Supplemental Info		-		
Schedule G	(Form 990 or 990-EZ)	ARTISTS	FOR	HUMANITY,	INC.

Status C (Ferr 920 or 920 EZ)			
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32084 04-01-18 <b>34</b>		Schedule G (Form S	990 or 990-EZ)
	832084 04-01-18	34	

SCI	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<b>Z</b> U	10	)
Depar	tment of the Treasury	Attach to Form 990.		Open to		
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificatio		mber
Pa		ARTISTS FOR HUMANITY, INC. s Regarding Compensation	04	313843	4	
Га		s Regarding compensation			¥	
10	Chook the energy	into hav(an) if the expenientian provided any of the following to as for a person listed on Form	000		Yes	No
la		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or o		nalusa			
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account				
	,		, ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiza	tion's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of c	ther organizations X Approval by the board or compensation c	ommittee			
	During the year di	A only nervon listed on Form 000. Dout VII. Section A line 1s, with respect to the filing				
4	organization or a re	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
а	-			4a		x
b		e payment or change-of-control payment?				X
		ceive payment from, an equity-based compensation arrangement?				X
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	·····,					
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			<u>5</u> a		X
		ation?				X
	If "Yes" on line 5a	or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	-				
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0		nes 5 and 6? If "Yes," describe in Part III		7		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the point described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
3	Regulations section			9		
ΙНΔ		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2018
			Genet			, 2010

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Schedule J (Form 990) 2018	Schedu						81 96-01 011058
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0.	0.	0.	0.	0.	0.	0.	EXEC / ARTISTIC DIR./PRESIDENT (ii)
0.	163,508.	6,221.	0.	467.	0.	156,820.	(1) SUSAN RODGERSON (i)
on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	SC compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
ridual.	amounts for that indiv	tble column (D) and (E)	ction A, line 1a, applica	orm 990, Part VII, Se	he total amount of Fo	lividual must equal t	Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.
uctions, on row (ii).	described in the instr	n related organizations,	ation on row (i) and from	on from the organiza	J, report compensati	oorted on Schedule . 190, Part VII.	For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.
		if additional space is needed.	te copies if additional s	oyees. Use duplicat	Compensated Empl	yees, and Highest (	s, Trustee
Page 2		134	04-3138434		ITY, INC.	ARTISTS FOR HUMANITY,	Schedule J (Form 990) 2018 ARTISTS

vide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
II Supplemental Information	II   Supplemental Information
rt III   Supplemental Information	Part III Supplemental Information
I III Supplemental Information	I III Supplemental Information
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ide the information evaluation or descriptions required for Part I lines to th 3 do do 3 of A A A A So A A A and A and for Part II Also complete this part for any additional information	ide the information evolutions or descriptions required for Dart I lines ta the 2 ta 24 div de Sh Ba Sh Z and 8 and for Dart II. Also complete this part for any additional information
ide the information explanation or descriptions required for Part L lines 1a. 1b. 3. 4a. 4b. 4c. 5a. 5b. 6a. 6b. 7. and 8. and for Part II. Also complete this part for any additional information.	ide the information explanation or descriptions required for Part L lines 1a. 1b. 3. 4a. 4b. 4c. 5a. 5b. 6a. 6b. 7. and 8. and for Part II. Also complete this part for any additional information.
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832113 10-26-18

	SCHEDULE L	1	Tra	nsaction	ıs V	Vith	Int	erested	Pe	ersons			ON	//B No.	1545-00	47
Attach to Form 990 or Form 990-EZ.       Open To Public Inspection         Name of the arganization       ATTISTS FOR HUMANITY, INC.       04-3138434         Part I       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 601(c)(29) organizations only).       Complete if the organization answered "Yes" on Form 990, Part IV, line 25 ar 25b, rofm 990EZ, Part V, line 40b.       (d) Corrected?         1       (a) Name of disqualified person       (b) Felationship between disqualified persons and organization       (c) Description of transaction       Yes No         2       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       > \$       \$         3       Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       > \$       \$         (a) Name of the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, or 22.       \$       \$         (a) Name of the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, or 22.       \$       \$         (a) Name of the organization in the rested Persons.       (c) Original amount for line rested Persons.       (c) Amount of tax, if any, on line 2, above, reimbursed by the organization in the late is a rest or and or form 990, Part X, line 5, or 22.       (f) Balance, due (g) In (h) Approved (g) Written demantify the organization in the late is a rest or and	(Form 990 or 990-EZ)	Complete in	the o								6, 27,	28a,		20	18	3
ARTISTS FOR HUMANITY, INC.         0.4-3138434           PartI         Excess Benefit Transactions (section 501(c)(4), and 501(c)(29) organizations only).           Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 40.         (d) Corrected?.           1 (a) Name of disqualified person         (b) Relationship between disqualified person and organization         (c) Description of transaction         (d) Corrected?.           2 (a) Name of disqualified person         (b) Relationship between disqualified persons during the year under section 4958         (c) Description of transaction         (d) Corrected?.           2 Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4958         (c) Description of the organization         (c) S           3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization         (c) S         (c) Porpored         (c) Porpored           Part II         Loans to and/or From Interested Persons.         (d) Corrected?.         (e) Original principal amount         (f) Balance, due         (g) In         (h) Approved         (h) Approved           (a) Name of interested person         (b) Relationship or loan         (c) Purpose or loan         (f) Due to regularization         (g) In         (g) In a loan or loan         (h) Approved or loan         (h) Approved or loan         (h) Approved or loan         (h) Approved or loan	Department of the Treasury Internal Revenue Service		Go to v	Atta	ch to	Form	990 or	Form 990-EZ	<u>z</u> .							lic
Part II       Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).         Complete if the organization answered "Yes" on Form 930, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.       (d) Corrected?.         1 (a) Name of disqualified person       (b) Pleationship between disqualified persons and organization       (c) Description of transaction       (d) Corrected?.         2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4956       > \$       > \$         3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on Form 990, Part X, line 5, or 22.       > \$       > \$         (a) Name of interested person       (c) Purpose (d) to an organization       (c) Purpose of assistance       (c) Purpose of assistance         (a) Name of interested person       (c) Purpose of assistance       (c) Purpose of assistance       (c) Purpose of assistance         (a) Name of interested person       (c) Purpose of assistance       (c) Purpose of assistance       (c) Purpose of assistance         (a) Name of interested person       (c) Purpose of assistance       (c) Purpose of assistance       (c) Purpose of assistance	Name of the organizatio	'n									Em	ploye	r ident	ificati	on nu	mber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.         1       (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         Yes       No       Image: Solution of transaction       Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       \$													384	34		
1         (a) Name of disqualified person         (b) Relationship between disqualified person and organization         (c) Description of transaction         (d) Corrected?           Ves         No         Ves         No         Ves         No           Image: constraint of disqualified person         Image: constraint of transaction         Image: constraint of transa																
(a) Name of disqualified person       person and organization       (c) Description of transaction       Yes       No         (a) Name of disqualified person       (c) Description of transaction       Yes       No         (a) Name of disqualified person       (c) Description of transaction       Yes       No         (b) Relationship       (c) Purpose       (c) Display (c) Purpose       (c) Display (c) Purpose       (c) Display (c) Purpose         (a) Name of interested person       (c) Purpose	Complete i	if the organizatio						ine 25a or 25b I	, or	Form 990-EZ, Pa	art V, I	ine 40	)b.			
section 4958       \$         3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       \$         Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990. Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship of of loan       (c) Purpose of an amount of form 900, Part V, line 38a or Form 990, Part IV, line 26; or if the organization         (a) Name of interested person       (b) Relationship of of loan       (c) Purpose of an amount of Form 900, Part V, line 38a or Form 900, Part IV, line 26; or if the organization         (a) Name of interested person       (b) Relationship of of loan       (c) Purpose of an amount of form 900, Part V, line 26; or if the organization         (a) Name of interested person       (b) Relationship between interested person       (c) Purpose of an amount of the organization         (a) Name of interested person       (b) Relationship between interested person and intereste	1 (a) Name of disqua	lified person	(b) R				lified	(0	c) De	escription of tran	sactio	n				
section 4958       \$         3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       \$         Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship (c) Purpose of a amount or form 990, Part V, line 38a or Form 990, Part IV, line 26; or if the organization         (a) Name of interested person       (b) Relationship (c) Purpose of a amount or form 990, Part IV, line 26; or if the organization or form form form form form form form f																
section 4958 <ul> <li>§</li></ul>																
section 4958       \$         3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       \$         Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship (c) Purpose of a amount or form 990, Part V, line 38a or Form 990, Part IV, line 26; or if the organization         (a) Name of interested person       (b) Relationship (c) Purpose of a amount or form 990, Part IV, line 26; or if the organization or form form form form form form form f																
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization       ▶ \$         Part III         Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization         (a) Name of interested person         (b) Relationship       (c) Purpose of loan       (d) Loan to or from principal amount       (f) Balance due       (g) In default?       (h) Approved (l) Written organization?         (a) Name of interested person       (b) Relationship       (c) Purpose of loan       (e) Original principal amount       (f) Balance due       (g) In default?       (h) Approved (l) Written organization?         To       From here       Image: Colspan="2">Image: Colspan="2">Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         Colspan="2"         C		-		•	-		-	-		-					I	
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.          (a) Name of interested person       (b) Relationship       (c) Purpose of loan       (d) Loan to or organization of loan       (e) Original principal amount       (f) Balance due       (g) In default?       (h) Approved (l) Written agreement?         interested person       with organization       of loan       for from the organization of loan       for from the organization of loan       for generation of loan       for gen												> \$				
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.          (a) Name of interested person       (b) Relationship (c) Purpose of loan       (d) Loan to or form the organization of loan       (e) Original principal amount       (f) Balance due (g) In default?       (h) Approved (l) Written agreement?         To       From       To       From       (e) Original principal amount       (f) Balance due (g) In default?       (h) Approved (l) Written agreement?         Yes       No       Yes       Yes       No	Part II Loans to	o and/or Fror	n Inte	erested Pers	ons.											
reported an amount on Form 990, Part X, line 5, 6, or 22.         (a) Name of interested person       (b) Relationship with organization       (c) Purpose of loan       (e) Original principal amount       (f) Balance due principal amount       (g) In default?       (h) Approved by bard of committee?       (i) Written agreement?         To       From       To       From       Inclusion of organization       Inclusion of committee?       Inclusion of by bard of committee?       Inclusion of committee?       Incl							Part	/ line 38a or F	orm	990 Part IV lin	≥ 26° (	or if th	e orda	nizatio	'n	
(a) Name of interested person       (b) Relationship with organization       (c) Purpose of Ioan       (d) Loan to or from the grazizaton?       (e) Original principal amount       (f) Balance due by board or committee?       (g) In default?       (h) Approved by board or committee?       (i) Written agreement?         To       From       To       From       In		-					, i urt		0111	1000, 1 di t 10, iii 1	<i>5 20,</i> (	51 11 41	ie orga	mzanc		
interested person       with organization       organization?       principal amount       default?       committee?       agreethetit?         To       From       To       From       From       Prom			1		(d) Lo	an to or	(6	e) Original	(f	) Balance due	(g	) In	(h) Ap	proved		
Image: Sector of the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person         (b) Relationship between interested person and interest					organi	zation?	K.	cipal amount			defa	ault?	comm	ittee?	agree	ement?
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance						FIOII					165		165	NU	165	
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance								~								
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																<u> </u>
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																<u> </u>
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																_
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance																<u> </u>
Part III       Grants or Assistance Benefiting Interested Persons.         Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance		_														
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.         (a) Name of interested person       (b) Relationship between interested person and       (c) Amount of assistance       (d) Type of assistance       (e) Purpose of assistance		or Assistance	Bon	ofiting Inter	actor		eone									
(a) Name of interested person(b) Relationship between interested person and(c) Amount of assistance(d) Type of assistance(e) Purpose of assistance				-												
interested person and assistance assistance assistance										of		10				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2018		eduction Act N		saa tha Instruct	tions	or For		) or 900_E7		Coh.	adula		rm 000	or Of	0-52	1 2019

832131 10-25-18

38 2018.05000 ARTISTS FOR HUMANITY, INC 03139981 13521115 147227 0313998-0313998.0990

Schedule L (Form 990 or 990 EZ) 2018 ARTIST		•	04-3138	434	Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	) òrģani:	aring of zation's nues?
				Yes	No
HAIDAN HODGSON	DAUGHTER OF EXECUTI	71,495.	SALARY AND		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: HAIDAN HODGSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF EXECUTIVE

(D) DESCRIPTION OF TRANSACTION: SALARY AND BENEFITS PAID FOR EMPLOYMENT

AT THE ORGANIZATION, WHICH IS DETERMINED BY THE EXECUTIVE/ ARTISTIC

DIRECTOR AND PRESIDENT CONSISTENT WITH THE OTHER EMPLOYEES' COMPENSATION.

THE BOARD OF DIRECTORS ALSO REVIEWS THE ORGANIZATION'S BUDGET, WHICH

INCLUDES PROPOSED SALARIES FOR ALL EMPLOYEES.

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



04-3138434

ARTISTS FOR HUMANITY, INC.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ARTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENTERPRISE THAT HELPS THEM DEVELOP 21ST CENTURY SKILLS FOR SCHOOL AND

THE GLOBAL WORKFORCE. THE INDICATORS OF SUCCESS ARE POWERFUL: 100% OF

ARTISTS FOR HUMANITY HIGH SCHOOL SENIOR EMPLOYEES GRADUATE (COMPARED

WITH 65.9% OF PEERS AT BOSTON PUBLIC HIGH SCHOOLS); AND 95% DIRECTLY

SEGUE TO POST-SECONDARY EDUCATION.

I,

AFH LAUNCHED A CAPITAL CAMPAIGN IN 2014 TO EXPAND ITS EXISTING

FACILITIES. THE IMPRESSIVE SUPPORT GENERATED TO-DATE IS REFLECTED IN

THE INCREASED GRANTS AND NET ASSETS REPORTED (\$12MM+). THE EXPANSION

ALLOWS AFH TO DOUBLE THE SIZE OF THE YOUTH ENGAGEMENT (CURRENT WAITING

LISTS OF 150+), HIRE MORE ARTISTS & SOCIAL ENTREPRENEURS TO LEAD

PROGRAMMING, AND EXPAND PARTNERING EFFORTS WITH EDUCATIONAL

INSTITUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION PROVIDES THE FORM 990 TO ALL BOARD MEMBERS AND GIVES THEM THE OPPORTUNITY TO COMMENT ON THE FORM BEFORE SUBMISSION. THE FORM 990 IS FIRST REVIEWED IN DETAIL BY SENIOR MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD ARE REQUIRED TO ANNUALLY SIGN OFF ON THE CONFLICT OF

INTEREST QUESTIONAIRE. ALL BOARD MEMBER RESPONSES ARE TRACKED IN A

## SPREADSHEET.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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 10-10-18

lame of the organization	Page Employer identification numbe
ARTISTS FOR HUMANITY, INC.	04-3138434
ORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF SUSA	AN RODGERSON,
XECUTIVE DIRECTOR. THE BOARD OF DIRECTORS ALSO REVIEWS	THE ORGANIZATIONAL
BUDGET, WHICH INCLUDES PROPOSED SALARIES FOR ALL EMPLOYEES	5.
ORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	TINTEREST POLICY
'INANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC	·
	UPON REQUEST AND
MOST ARE ALSO AVAILABLE ON THE INTERNET.	
ORM 990, PART XII LINE 2C	
THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCESS	S HAVE NOT
CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990 or 990-EZ) (2018)

Schedule R (Form 990) 2018	Schedule R (F				s for Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	For Paperwo
X	A	BOX 12C - TYPE III-FI N/A	BOX 501(С)(3) ТҮРІ	MASSACHUSETTS 50	TO SUPPORT ARTISTS FOR HUMANITY, INC.	AFH EFICENTER, INC 81-3906425 100 WEST SECOND STREET, 2ND FLOOR BOSTON, MA 02127	AFH EFICENTER, 100 WEST SECON BOSTON, MA 02
(g) Section 512(b)(13) controlled entity? Yes No	(f) Direct controlling entity	(e) Public charity status (if section 501(c)(3))	(d) Exempt Code Pu section stat	(c) Legal domicile (state or foreign country)	(b) Primary activity	(i Name, addro of related c	
pt	more related tax-exem	ise it had one or	art IV, line 34, becau	answered "Yes" on Form 990, P	tions. Complete if the organization a	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Part II Ide
			r				
f) introlling ity	(f) Direct controlling entity	(e) End-of-year assets	(d) Total income	(c) Legal domicile (state or foreign country)	<b>(b)</b> Primary activity	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	Za
				" on Form 990, Part IV, line 33.	e if the organization answered "Yes"	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	Part I Ide
ation number 3 4	Employer identification number 04-3138434				HUMANITY, INC.	ARTISTS FOR	Name of the organization
Inspection			nformation.	or instructions and the latest ir	► Go to www.irs.gov/Form990 for instructions and the latest information.	e Treasury Service	Department of the Treasury Internal Revenue Service
2018	OME	37.	<b>1erships</b> 33, 34, 35b, 36, or	ions and Unrelated Partr rered "Yes" on Form 990, Part IV, line ▶ Attach to Form 990.	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.		SCHEDULE R (Form 990)
	-					-	

832161 10-02-18 LHA

Schedule R (Form 990) 2018	∍ R (Form	Schedule	-				;	_			<u> </u>	832162 10-02-18
(i) Section 512(b)(13) controlled entity? Yes No	(h) Percentage ownership	(g) Share of Per end-of-year ow assets		(f) Share of total income	(e) Type of entity (C corp, S corp, or trust)	(d) Direct controlling entity	(c) Legal domicile Dire (state or foreign country)	(b) Primary activity	Primar	⊃ z	(a) Name, address, and EIN of related organization	
e related	ne or mor	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	art IV, line 34,	orm 990, P	yred "Yes" on F	ganization answe	mplete if the or	or Trust.	as a Corpora	<b>janizations Taxable</b> ; poration or trust durir	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	Part IV
(J) (K) General or Percentage managing partner? Yes No	U General or P managing partner? Yes No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(N) Disproportionate allocations? Yes No	(9) Share of end-of-year assets		(T) ICOME Share of total lated, income IX under 514)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	( <b>q</b> ) Direct controlling entity	(C) Legal domicile (state or foreign country)	(p) Primary activity	(a) Name, address, and EIN of related organization	7
Page 2	8434 re related	04-3138434 on Form 990, Part IV, line 34, because it had one or more related	34, because	Part IV, line		Complete if the organization answered "Yes"	the organization	<b>INC</b> . ship. Complete if	HUMANITY, xable as a Partners y the tax year.	STS FOR HUM ganizations Taxable a rtnership during the ta	Schedule R (Form 990) 2018 ARTISTS FOR HUMANITY, IN Part III Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.	Schedule Part III

10) 2018	vrm 99	Schedule R (Form 990) 2018			832163 10-02-18
					(6)
					(5)
					(4)
					(3)
					(2)
					(1)
		(d) Method of determining amount involved	<b>(c)</b> Amount involved	<b>(b)</b> Transaction type (a-s)	(a) Name of related organization
		covered relationships and transaction thresholds.		ho must complete th	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including
X					
×		1			r Other transfer of cash or property to related organization(s)
	×	19			Reimbursement paid by related organization(s) for expenses
×		10			p Reimbursement paid to related organization(s) for expenses
×	ľ	10			o Sharing of paid employees with related organization(s)
×	F	<u>1n</u>		on(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×		1m			m Performance of services or membership or fundraising solicitations by related organization(s)
×		1		nization(s)	ω ω
	^ X	1			k Lease of facilities, equipment, or other assets from related organization(s)
~		1			j Lease of facilities, equipment, or other assets to related organization(s)
		1			i Exchange of assets with related organization(s)
×		<u>1h</u>			h Purchase of assets from related organization(s)
×	f	<u>1g</u>			g Sale of assets to related organization(s)
×		4			f Dividends from related organization(s)
	×	<u>1e</u>			e Loans or loan guarantees by related organization(s)
	+	10			d Loans or loan guarantees to or for related organization(s)
×	+	<u>1c</u>			c Gift, grant, or capital contribution from related organization(s)
×		16			<b>b</b> Gift, grant, or capital contribution to related organization(s)
×		1a			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
s No	Yes	in Borte ILIVO	visted organizations listed	e with one or more re	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tay year did the organization encode in any of the following transactions
		, or 36.	n 990, Part IV, line 34, 35t	wered "Yes" on Form	Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule R (Form 90
90) 2018
ARTISTS
FOR
HUMANITY,
INC.

04-3138434 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

																			of entity	(a)	that was not a related organization. See instructions regarding exclusion for certain investment partnerships.
			1																	(b) Drimary activity	ee instructions regarding exclusion for certain investment partnerships
																		country)	(state or foreign	(c)	sion for certain inve
																		sections 512-514)	(related, unrelated,	(d) Dredominant income	stment partnerships.
					+													Yes No	501(c)(3	Are all	
																		o income		Share of	
																		assets	end-of-year	(g)	
					+													Yes No	tionate	Dispropor	
Schedule																		(Form 1065)	tionate amount in box 20 managing ownership allocations? of Schedule K-1 partner? ownership	- Code V-IIRI	
R (For					+													Yes No	managir	General d	
Schedule R (Form 990) 2018																		<u>-</u>	ownership	(k)	

Schedule R	(Form 990) 2018	<u>ARTISTS</u>	FOR	HUMANITY,	INC.	04-3138434	Page 5
Part VII	(Form 990) 2018 Supplemental Infor	mation.					
	Provide additional information		es to qu	estions on Schedule	e R. See instructions.		
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